



State of New Hampshire

Banking Department

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Bank Commissioner

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397-B-REN - RENEWAL REGISTRATION FORM FOR MORTGAGE SERVICING COMPANIES

Use this form if you currently hold a valid NH mortgage servicing company registration that you wish to renew. If you seek to register a new mortgage servicing company in New Hampshire, do not use this form, but instead use the appropriate initial application form.

Renewal Fee: \$50 must be paid to renew a mortgage servicing company registration. The fee may be paid in a check made payable to "The State of New Hampshire".

FOR OFFICE USE ONLY

Ck. # _____

Amt. \$ _____

Rec'd by _____ Date _____

Entered By _____ Date _____

App. Complete _____ Date _____

Approved By _____ Date _____

Pr. Regis. # _____ Date Mailed _____

Complete all items, sign and notarize the affirmation.

Date of this filing: _____, 200__ for renewal of NH mortgage servicing company registration for Calendar Year 200__.

NAME AND IDENTIFICATION OF REGISTRANT

1. Legal name of registrant: _____

Trade name, if any: _____

2. Registrant's federal tax ID number: _____ Registrant's fiscal year end date _____

3. Address of registrant: _____
(Principal Office) (Street) (City) (State) (Zip)

Mailing address, if different: _____
(Street or PO Box) (City) (State) (Zip)

4. Communications: _____
(Tel. no.) (Fax no.) (Cell no.)

(e-mail address)

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this filing have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I further affirm that I have reviewed the registrant's records and that all documents on file with the New Hampshire Banking Department, in connection with the mortgage servicing company's registration, are true and accurate as of this date.

I acknowledge on behalf of the registrant that the registrant's business will be operated in accordance with the New Hampshire Revised Statutes Annotated and Rules of the New Hampshire Banking Department, and further acknowledge that the New Hampshire Banking Department is authorized pursuant to RSA 397-B:9 to conduct investigations of the business affairs and records of the registrant's business at any time with or without notice, and that all books, papers, files, records and related materials, whether electronically stored or otherwise, shall be subject to the Department's investigation.

Date _____

For _____
(Print or type the registrant's name)

By _____
(Print or type name of the authorized signatory)

Signature _____

Title _____

CORPORATE ACKNOWLEDGMENT

State or Province of _____ }
County of _____ } ss.

On this _____ day of _____, 20____ before me _____,
(Print name of Notary/JP)
the undersigned officer, personally appeared _____
(Print name of corporate officer signing this document)
known personally to me to be the _____ of the above named corporation and
(Title of officer)

acknowledged that he or she, as an officer being authorized so to do, executed the foregoing instrument
for the purposes therein contained, by signing the name of the corporation by himself or herself as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

(SEAL) _____
Notary Public/JP Signature
My Commission Expires _____
(Date)

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

State or Province of _____ }
County of _____ } ss.

On this _____ day of _____, 20____, before me, _____,
(Print name of Notary/JP)

the undersigned officer, personally appeared _____ known to
(Print name of individual signing this document)

me personally and known to me to be the same person whose name is signed to the foregoing instrument,
and acknowledged the execution thereof for the uses and purposes therein set forth.

In WITNESS WHEREOF I have hereunto set my hand and official seal.

(SEAL) _____
Notary Public/JP Signature
My Commission Expires _____
(Date)